

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/26/43
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		2		2			54						
5		0		0			55						
6		0		0			56						
7	0	3		3			57						
8		3		3			58						
9		3		3			59						
10		3		3			60						
11		3		3			61						
12		3		3			62						
13				1			63						
14							64						
15							65						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	0	3		3			TOTAL DEP.						
TOTAL CLAIMS	1	3	1	3			TOTAL CLAIMS						